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22434 7590 12/13/2007 BEYER WEAVER LLP P.O. BOX 70250 OAKLAND, CA 94612-0250					Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
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APPLICATION NO.	FILING DATE		FIRST NAMED INVENT	OR	АТТО	RNEY DOCKET NO.	CONFIRMATION NO.	
10/040,734	10/040.734 01/04/2002		David Betz		GENSP029	3593		
TITLE OF INVENTION	SMALL ENTITY	HODS FOR CREATING	PUBLICATION FEE DI		ME WITH ONE OR MOI	TOTAL FEE(S) DUE		
nonprovisional	NO	\$1440	\$300	!	\$0	\$1740	03/13/2008	
·	INER	ART UNIT	CLASS-SUBCLASS	\neg				
ZHAO, DAQUAN		2621	386-125000					
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)								
Genesis Mi	Santa Clara, CA							
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🖾 Corporation or other private group entity 🗀 Government								
4a. The following fee(s) are submitted:			b. Payment of Fcc(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-0388 (enclose an extra copy of this form).					
a. Applicant clain	atus (from status indicate ns SMALL ENTITY state	us. See 37 CFR 1.27.		b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in Office.				
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Authorized Signature			Date February 1, 2008					
Typed or printed name Michael J. Ferrazano Registration No. 44, 105								
AICXBIRDIA: VIIVIDIA ZZ.) J=14JU.	FR 1.311. The information of U.S.C. 122 and 37 CFR U.S.C. 122 and 37 CFR USPTO. Time will vary rden, should be sent to the NOT SEND FEES OR persons are required to re-					d by the USPTO to process) ng gathering, preparing, and ime you require to complete partment of Commerce, P.O. for Patents, P.O. Box 1450, of number.	